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National Youth Mental Health Foundation

MythBuster: Sorting fact from fiction on self-harm

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What is self-harm?

Self-harm occurs when people deliberately hurt their bodies. **The most common type of self-harm among young people is cutting** (1). Other types include burning the skin until it marks or bleeds, picking at wounds or scars, self-hitting and pulling hair out by the roots (2). At the more extreme end of the spectrum, self-harm can include breaking bones, hanging and deliberately overdosing on medication (3).

There are other deliberate behaviours that can be harmful to one's health that are not normally included in the definition of self-harm. These include self-starving, binge drinking, smoking or other drug use and dangerous driving.

How many young people self-harm?

Research suggests that 6-7% of young Australians (aged 15-24) have self-harmed in any 12-month period, while over 12% report having done so at some point in their life (4-5). Self-harm is more common after the onset of puberty [6]. The average age at which self-harm first occurs is 12-14 years (7) and, in adolescents, it is more common among girls than boys (8). However, self-harm can occur in anyone, regardless of their age, gender, socio-economic status or culture/ethnicity.

Self-harm often goes unnoticed. It is commonly done in private and most young people who self-harm don't seek help or come to the attention of health services (e.g. 1,4,9).

Self-harm is more common than people may think. About 12% of young people in Australia report having self-harmed at some point in their life.

Why do people self-harm?

Most self-harm is in response to intense pain, distress, or overwhelming negative feelings, thoughts or memories (e.g. 2,10-13). Although young people who self-harm might say that they want to die, the driving force behind their behaviour is often more to do with expressing their distress and desire to escape from troubling situations (14). It is usually a build up of negative experiences/stresses rather than any one single event or experience that triggers self-harm in young people (15).

Some common triggers of self harm are (14):

- Difficulties or disputes with parents, other family members or peers
- School or work problems
- Difficulties with boyfriends or girlfriends
- Physical health problems
- Depression
- Bullying
- Low self esteem
- Sexual problems
- Alcohol and drug abuse

Young people who self-harm may feel that it helps to relieve their distress and bring some sense of relief in the short term (12)**. However this feeling of relief typically doesn't last because the problems causing the distress are not being addressed.** For some young people self-harm is a 'once off' event, but for others (over 50% who self-harm) it can become repetitive (16-18). Most young people who repeatedly self-harm say they never thought they would come to rely on it as a way to cope with their feelings (13). Many realise that, in the long term, self-harm is not an effective coping mechanism, but find it hard to give up. Often, they are not able to find other ways to cope with their distress (e.g. talking with somebody they can trust).

Some young people who repeatedly self-harm may experience the behaviour as being 'addictive' (e.g. 13). It is important to respect this viewpoint, and understand that, for these young people, **recovery is not as simple as 'just stopping'.** Often a person can stop self-harming only when they have developed more effective ways of coping with their distress. This process usually takes time. Initially the focus may need to be on helping the young person to reduce their level of self-harm rather than asking them to give it up immediately. However, with time and appropriate support, many young people do recover and stop self-harming (13).

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What are the most common myths surrounding self-harm?

There are many myths surrounding self-harm, which makes it hard to separate fact from fiction. It can be very confusing and difficult to understand, both to the person who is self-harming and to their friends and family (13). Raising the topic of self-harm can bring up uncomfortable feelings including fear, guilt, and shame (13,19).

Some of the most common myths around self-harm are:

- "Self-harm is an attempt at suicide"
- "It's just attention seeking"
- "It's an 'emo'/'goth' thing"
- "If you self-harm it means you're mentally ill"
- "People who self-harm have borderline personality disorder"

These are myths, not fact. But even as myths, they can be very powerful and impact not only on young people who self-harm, but also on those around them.

MYTH: "Self-harm is an attempt at suicide"

Often what frightens people most about self-harm is the assumption that the person is trying to kill themselves. **This is not true. In the vast majority of cases, self-harm is a coping mechanism, not a suicide attempt** (2-3,12). It may seem counter-intuitive, but in many cases, people use self-harm as a way to stay alive rather than end their life (2,13,17).

It is important to understand that self-harm is mostly an attempt to *hurt*, not to kill oneself. However there is a relationship between self-harm and suicide that does need to be considered. Sometimes people injure themselves more seriously than they intend to, and this can put their life at risk. Young people who self-harm are also at a much higher risk of attempting suicide at some time in the future than those who don't self-harm, even if they're not suicidal at the time (7). This doesn't mean they *will* attempt suicide, but rather that their *risk* is higher. It is important to encourage anyone who is self-harming to seek help from a health professional to address any underlying emotional problems (e.g. depression or anxiety).

MYTH: "It's just attention seeking"

Self-harm is not about attention seeking. **Most young people who self-harm go to great lengths to draw as little attention as possible to their behaviour by self-harming in private and by harming parts of the body that are not visible to others** (12-13).

Even those closest to the young person are often unaware of it. One study found that the rates of self-harm reported by young people were three times higher than their parents estimated (20). Concealing self-harm can be a big burden for young people and can affect their day-to-day life. For example, it can determine what clothes they can wear (to cover up cuts or scars), limit their activities (e.g. not going to the beach or swimming) or cause them to avoid physical or intimate relationships in which someone might become aware of their self-harm (13).

Rarely, threats of self-harm or actual self-harm might be used to achieve a certain aim. This is often called 'manipulative behaviour'. **Most of the time people self-harm in an attempt to change how they are feeling, rather than trying to get attention from, or manipulate, other people** (2,11-12,17,21).

MYTH: "It's a fashion, a trend or an 'emo' thing"

Self-harm is not a new behaviour that arrived with a certain subculture or 'trend' amongst young people. Mental health professionals have been studying and treating self-harm for decades (e.g. 22). Despite this, self-harm has been and continues to be associated with certain subcultures resulting in stereotyped beliefs that only 'certain kinds of people' self-harm. Recently the 'emo' trend has received attention as being associated with depression, self-harm and suicide (23). **A national inquiry into self-harm among young people in the UK found no evidence to suggest it was associated with any particular youth subculture** (13).

> The term 'emo' was originally used to describe a style of music known as 'emotive rock', which used expressive and often confessional lyrics. Today the term is used more broadly to describe a fashion style and personality traits such as being emotional, sensitive, shy, introverted, or angst-ridden (24).

MYTH: "If someone self-harms, they must have a mental illness or a personality disorder"

Self-harm is a behaviour or symptom, not a disorder or an illness. Self-harming behaviour is strongly suggestive of an underlying psychological or emotional problem (7,25), but many young people who self-harm do not meet the criteria for any specific mental illness diagnosis.

Borderline Personality Disorder (BPD) is the only mental health disorder for which self-harm is a diagnostic feature. As a result, young people are sometimes labeled as having BPD simply because they self-harm (19). In fact, only a small minority of young people who self-harm meet the diagnostic criteria. **Self-harming behaviour alone should never result in the assumption that a person has BPD** (10). BPD should only be diagnosed following a comprehensive assessment (26).

Other unhelpful ways of talking about self-harm

As well as being influenced by common myths, people's understanding of self-harm is influenced by the way it is talked about in the media and in day-to-day conversation. Self-harm is often talked about in unhelpful ways, such as "a trend" or "an epidemic". These sorts of sweeping statements should be avoided - they are inaccurate and potentially harmful (see 27).

Unhelpful Language: "Self-harm is …"	The Facts
"….an epidemic"	There is no evidence to support the idea that the rates of self-harm among young people warrant it being described as 'an epidemic'. Using such language only creates widespread panic and alarm that can be very frightening, particularly for parents.
"…a trend"	Self-harm is not 'a trend'. It is a serious problem that often indicates serious emotional distress.

What effect do these myths have on young people who are self-harming and their families?

The myths that surround self-harm contribute to the guilt, shame and fear experienced by most young people who self-harm. They are very aware of the labels that might be placed on them if anyone finds out about their self-harm (9,13) and often fear being labelled (e.g. as an "attention-seeker", "crazy", "stupid") by others. These fears can drive their efforts to keep their self-harm a secret (9,13). Young people also feel a tremendous amount of guilt and shame about their self-harm. This can make it very hard for them to find the information and support they need to find better ways to cope with their emotional distress and problems.

Young people who do seek support for their self-harm are most likely to turn to friends or family first (4,9). If the person they turn to believes the myths about self-harm, they are more likely to respond in a negative or unhelpful way. This might include not taking the self-harm seriously (e.g. it's just "a phase" or "attention seeking"), getting angry with the person, or panicking and jumping to the conclusion that the person is suicidal when this may not be the case. **If a young person's initial attempts to seek support are negative or unhelpful this might add to their distress and their self-harm might become more frequent or serious.**

Parents often experience intense emotional responses when learning that their child is self-harming, including shock, embarrassment, shame, guilt and confusion. Many report feeling that they have 'failed' their child in some way, or fear how other people might react to learning of the self-harm (e.g. "you're bad parents" or "your child is crazy"). As a result, some parents are reluctant to confide in friends or family about what they are going through (28-29). This adds to their sense of isolation and can leave them feeling overwhelmed. Because of these sorts of experiences, parents often only seek help for their child when the self-harm escalates and a crisis occurs (29). Delays in seeking help can have serious consequences for the young person and their family. If there are psychological problems underlying the self-harm, it is best to seek help early so that appropriate support and treatment can be provided.

Beyond the myths – how can young people who self-harm be helped and supported?

It can be difficult to know what to do if you are worried about someone who is, or may be, self-harming. It is perfectly natural to feel overwhelmed. Try to acknowledge your feelings, whatever they may be, and deal with them (e.g. talk to somebody about how you're feeling, take some time out to clear your head). One of the most helpful things that you can do is to remain calm. To do this you need to get your own emotions under control first.

If you are self-harming it's important to remember that there is a lot of support out there. If you're not ready to talk to someone you know about your self-harm, you can talk to a doctor (GP) or call a confidential helpline (e.g. Lifeline 13 11 14). It can also help to look up websites that are designed for young people – such as headspace.org.au and reachout.com.au - for reliable information, advice and support. You may also be interested in some of the tips listed on the next page.

Tips for supporting somebody who is self-harming:

- **Don't** ignore or dismiss your concerns
- **Do** educate yourself about self-harm: see below for a list of helpful resources
- **Do** try to manage your own emotions. This will help you to approach the person in a calm and non-threatening manner.
- **Don't** panic and jump to conclusions about why the person is self-harming. Don't assume you know the reason - instead ask about the feelings that are driving their self-harm.
- **Do** ask the person directly if they are feeling suicidal (see accompanying mythbuster: 'MYTH: Asking young people about suicidal thoughts or behaviours will only put ideas in their heads'; 30)
- **Do** encourage the person to get support from a health professional: getting help earlier means any underlying problems that do exist can be detected and the person can get appropriate support.
- **Do** recognise that their self-harm may be one of their only coping tools and that asking them to give it up can be very frightening. Re-assure the person that you don't expect them to stop today.
- **Don't** make ultimatums or try to force the person to stop: this is likely to make things worse.
- **Don't** agree to keep secrets: it is possible that the person's safety is at risk from their self-harm. This means you may have to tell somebody else to keep them safe. If this happens only tell the people who need to know (e.g. a counsellor/teacher/parent).
- **Do** try and be as open with the person as possible: If you need to tell somebody else about their self-harm to keep them safe, try to speak to them about this first. It is important that they don't feel that things are being taken out of their control and that everyone will suddenly know about their self-harm.
- **Do** look after yourself: consider whether you need to get some advice and support for yourself (e.g. from a helpline/ counsellor or a friend).

What if the person is not ready/willing to get help?

Encourage the person to call a confidential helpline or go online to find information and support (**headspace.org.au** and **reachout.com.au** are helpful websites designed for young people). Sometimes it can be easier to talk to somebody not involved in the situation to get a 'fresh' perspective.

If you are concerned about somebody's safety, call Lifeline confidentially on 13 11 14 to speak to a counsellor. In the case of an emergency call 000 or bring the person to the nearest emergency department.

Tips – some self-help techniques that may be helpful

Young people who self-harm say that finding ways to distract themselves when they get the urge to self-harm is very important to their recovery (13). These may not work for everyone but it can be helpful to give them a try to see if you can find one that might work for you:

- Using a red pen to mark the skin instead of cutting
- Hitting a punch bag to vent anger or frustration
- Exercising
- Making lots of noise (e.g. with an instrument, banging pots and pans)
- Writing your negative feelings on a piece of paper and then ripping it up
- Scribbling on a large piece of paper with a red pen
- Writing a diary or a journal
- Talking to a friend (not necessarily about self-harm)
- Doing a collage/artwork
- Going online and looking at self-help websites

Using 'substitute forms of self-harm' can also be helpful, e.g.:

- Rubbing ice on the skin instead of cutting
- Putting elastic bands on the wrists and flicking them instead of cutting
- Eating a chilli

It's good to learn some things that you can do to help yourself, but it's important to remember that helping yourself doesn't mean you have to go it alone. Talking to someone you trust about what you're going through can make things a lot easier. This might be a friend, family member, teacher, youth worker, counsellor or GP.
You can also call a confidential helpline.

Want to know more?

For more reliable information about self-harm including factsheets, young people's stories of their experiences of self-harming and recovery, and information on how and where to get help check out the following websites: **headspace.org.au** and **reachout.com.au**

The Royal Australian and New Zealand College of Psychiatrists Guidelines on Self-harm are also helpful to young people and their carers (http://www.ranzcp.org/resources/clinical-practice-guidelines.html)

For practical tips on how to approach somebody who may be self-harming read the **Mental Health First Aid Guidelines for Non-Suicidal Self-Injury (www.mhfa.com.au)**

Worried the person might be thinking of suicide? Read the headspace mythbuster: **'MYTH: Asking young people about suicidal thoughts or behaviours will only put ideas in their head' (http://www.headspace.org.au/knowledge-centre/)**

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